

City of Portland, Oregon - Bureau of Development Services



1900 SW Fourth Avenue • Portland, Oregon 97201 | 503-823-7300 | www.portland.gov/bds

FPP Permit Plan Intake Form

Submit completed form to BDSFPPIntake@portlandoregon.gov

| FOR INTAKE, STAI | F USE ONLY | | | | |
|---|--|------------------------|---------------------------|--|--|
| Date Received | | | Building Registration # | | |
| BLD/MECHE | ELE PW | /FIRE | Other | | |
| APPLICANT: Compl | ete all sectior | s below that app | ly to the project. Plea | ase print legibly. | |
| Print Name | | Sign | ature | | |
| Street Address | | | | | |
| City | | | State | Zip Code | |
| Phone | | FAX | Email _ | | |
| | | | | | |
| Phone | | | Email | | |
| Building Name | | Project Address | <u> </u> | FirSte/Space # | |
| Existing Tenant | NEW Tenant | 1st Tenant in a V | ACANT space Tenan | t Name | |
| Description of Work P | roposed | | | | |
| | | | | | |
| If this is a building per | rmit, are there r | mechanical details i | ncluded with your subr | nittal for Mechanical permit set up | |
| or will they be submit | ted separately? | Included Se | eparately | | |
| If mechanical details are in | ncluded please co | mplete the mechanical | work proposed and mechar | nical valuation sections below. | |
| Mechanical Work Pro | posed | | | | |
| Project Valuation | | Mechanical Valuation_ | | | |
| | h Permit # If there is no Bld/Mech Permit, RP must sign below) | | | | |
| | | | Company Job Number) | | |
| FPP Responsible Par | ty (RP) Signatu | re for Authorization t | hat project was vetted th | rough them and the PR# is accurate: | |
| RP Name | | F | RP Signature | | |
| Building Contractor | | Addre | ss | CCB # | |
| Mechanical Contractor | | Addre | SS | CCB # | |
| Electrical Contractor | | | BCD# | CCB # | |
| Plumbing Contractor | | | BCD# | CCB # | |
| Building Permit | IYI INI | Alarms Required | Plumbing Pern | nit | |
| No. of Stories | | Smoke Det. Req'd | | | |
| Const. Type | [Y] [N] | Sprinklers Req'd | | | |
| | [Y] [N] | Struct. Eng / Calcs | Medical Gas | | |
| | | Submitted | | | |
| Electrical Permit | | | | | |
| Provide completed electric has been signed by the | | | | blumbing trade permit application that the contractor, FAX to 503-823-7425 | |